



# INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

## INDIVIDUAL LIFE PROPOSAL REQUEST

Agent Name:		Date:
Company:		Email:
Address:		Phone:
City/State:	Zip	Fax:

### PROPOSED INSURED INFORMATION

<b>Client Name:</b> _____ ___ Male ___ Female    D.O.B. _____ ___ Tobacco User: ___ Cigarette ___ Cigar ___ Pipe ___ Chew ___ Non Tobacco ___ Number of years without tobacco use. ___ Super Preferred ___ Preferred ___ Standard ___ Substandard* <small>*see health questions</small>	<b>Client Name:</b> _____ ___ Male ___ Female    D.O.B. _____ ___ Tobacco User: ___ Cigarette ___ Cigar ___ Pipe ___ Chew ___ Non Tobacco ___ Number of years without tobacco use. ___ Super Preferred ___ Preferred ___ Standard ___ Substandard* <small>*see health questions</small>
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### Quote design: Check all that apply

VUL ___ UL ___ WL ___ ROP ___ TERM: 1 ___ 5 ___ 10 ___ 15 ___ 20 ___ 30 ___ Guaranteed Rates ___ Non-Guaranteed Rates ___ Full Pay /Short Pay ___ / Pay to Age 65 / Premium From C/V    Level DB / Increasing DB Search for Premium: Endow / Guaranteed 15 Years Riders to be included: _____ Premium Payment Option: Annual    Semi-Annual    Quarterly    PAC	
(1) Face Amount(s): \$ _____ 1035 Exchange \$ _____ Available Premium: \$ _____	(2) Face Amount(s): \$ _____ 1035 Exchange \$ _____ Available Premium: \$ _____

### COMPANY(S):

1.) Plan: _____	3.) Plan: _____
2.) Plan: _____	4.) Plan: _____

### MEDICAL HISTORY (please circle)

Parents or Sibling History of have or dying of: Heart Disease or Cancer; Parents Living: Age(s) of Death: \_\_\_\_\_  
 Personal History of: Heart; Diabetes; Cancer; Alcohol / Drug Rehab; High BP, Controlled? \_\_\_\_\_, How long? \_\_\_\_\_  
 High Cholesterol, Controlled? \_\_\_\_\_ How long? \_\_\_\_\_ DUI, How Long Ago? \_\_\_\_\_ Other: \_\_\_\_\_  
 Details: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

AVOCATIONS: Pilot    Scuba Diver    Racing    Skydiving    Parachute Jumping  
 Provide details: \_\_\_\_\_  
 Rev: 3/30/06